LOS ANGELES FBI Citizens' Academy

Application for Academy Appointment



Application for 2012 Class Session Deadline: May 15, 2012 Location: Los Angeles, CA (Westwood)

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

FOR OFFICIAL USE ONLY

PersonalData

| Name: | | | | | | |
|--|------------------|----------------|--|--|--|--|
| Last Fi | rst | Full Middle | | | | |
| List all other names you have used, including nicknames and maiden names. If you have ever used any other surname, please indicate the time period this occurred and describe the circumstances. If you legally changed your named, please list the date, place and court of record: | | | | | | |
| Date of Birth: | Place of Birth:_ | · | | | | |
| Current Age: | Gender: | MaleFemale | | | | |
| Social Security Number : | | | | | | |
| Color of Hair: | Color of Eyes:_ | | | | | |
| Citizenship (Country): | | | | | | |
| Citizenship acquired by: [Please check one] | | | | | | |
| Birth Marriage | | Naturalization | | | | |

| Address and | Point of Contac | τ | | | |
|-----------------------------------|-----------------------------|-----------------------------|---------------------------------|--|--|
| Current Address: | | | | | |
| Home Phone: | | Work Phone:_ | | | |
| Cell Phone: | | Other: | Other: | | |
| E-mail: | | | | | |
| Please provide the nam emergency: | e and telephone number of a | relative, friend or associa | te we can contact in case of an | | |
| Name / Relationship | | Area Code | Phone Number | | |
| Employment I | Information | | | | |
| Name of Current Emplo | yer: | | | | |
| If applicable, DBA (Doin | g Business As) | | | | |
| Job Title: | | | | | |
| Business Address: | | | | | |
| City: | Stat | ٠. | 7IP Code: | | |

Phone:_____ Fax:_____

Company Website (if applicable):_____

Employment Dates:

Brief description of business / duties performed:

Relatives

| | _ | |
|--|------------------------|---|
| Spouse's Full Name: | D | ate of Birth: |
| Spouse's Place of Employment: | | |
| Spouse's Position / Title: | | |
| Business Address: | | <u>-</u> |
| | | |
| List of Name and Date of Birth of all children: | | |
| 1 | 4 | |
| 2 | | |
| 3 | 6 | |
| | | |
| Please list any organizations, associations, or comr | nunity groups to which | · - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Referral | | |
| Referral Please provide the name of the person who has no | ominated you to attend | the FBI Citizens' Academy (if applicable) |

Authorization to Conduct Law Enforcement

| Have you been arrested within the last 6 | months? | Yes | No | | | |
|---|---|---|----------------------------------|--|--|--|
| Have you ever been convicted of a felony | or serious Misdemeanor? | Yes | No | | | |
| If you answered "yes" to either question, please provide details including date, place, law enforcement agency, court, charges, and disposition: | | | | | | |
| | | | | | | |
| | | | | | | |
| I,law enforcement records pursuant to my | | | | | | |
| include, but are not limited to the following convictions for criminal or civil offenses. A exclusively for the purpose of determining Academy. | ng: local, State or Federal red Any information obtained the | cords of arrests and rough this record ch | prosecutions or eck will be used | | | |
| My consent is valid for one year from the | date of my authorization app | pearing below. | | | | |
| I understand that concealing a material fa to the FBI Citizens' Academy. | ect on this application can be | the basis for rejection | on of my application | | | |
| Full Name (typed or printed) | Signature (full name) | D | Pate | | | |
| ESSAY | | | | | | |
| On a separate sheet of paper, please provide a brief paragraph explaining why you are interested in attending the FBI Citizens' Academy. Please include how you learned about the opportunity and what you believe your will gain from the experience. Your response can be typed or handwritten. | | | | | | |
| Please mail your completed application | OR | Fax your complet | ted application: | | | |

to the following address:

FBI – Los Angeles Community Outreach Program – OPCA 11000 Wilshire Boulevard, Suite 1100 Los Angeles, CA 90024

310-996-3345 fax